



C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
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March 31, 2010

MichaelDay, Administrator
Independent Living Services-- Milclay
PO Box 6395
Boise, Idaho 83711

RE: Independent Living Services Milclay, Provider #13G011

Dear Mr. Day:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Independent Living Services Milclay, on March 23, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance

MichaelDay, Administrator
March 30, 2010
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within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **April 13, 2010**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Mundell". The signature is fluid and cursive, with the first name "Eric" written in a larger, more prominent script than the last name "Mundell".

ERIC MUNDELL
Health Facility Surveyor
Fire Life Safety & Construction Program

EM/lj

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 03/26/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G011	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 03/23/2010
NAME OF PROVIDER OR SUPPLIER INDEPENDENT LIVING SERVICES - MILCLAY		STREET ADDRESS, CITY, STATE, ZIP CODE 10528 MILCLAY STREET BOISE, ID 83704		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>The facility is a single story, type V (000) building built in October 1998. The facility is protected by an automatic fire sprinkler system in habitable spaces. There is a fire alarm/smoke detection system installed. Currently the building is licensed for 5 beds.</p> <p>The following deficiency was cited under applicable fire/life safety requirements set forth in the Life Safety Code, 2000 edition, Chapter 33, Existing Residential Board and Care Occupancy, Impractical Evacuation Capability and 42 CFR 483.470</p> <p>The annual fire/life safety survey was conducted by:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p>	K 000	<p>RECEIVED</p> <p>APR 06 2010</p> <p>FACILITY STANDARDS</p>	
K0056	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>PROMPT Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of</p>	K0056	<p>W/ PAINT NETWORK BE REPLACED BY 4/15/10 ADMINISTRATION WILL BE RESPONSIBLE, SPRINKLER TEST PROBLEM WILL BE NOTIFIED OF FAILURE TO IDENTIFY PROBLEM.</p>	4/15/10 Cm

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER INDEPENDENT LIVING SERVICES - MILCLAY		STREET ADDRESS, CITY, STATE, ZIP CODE 10528 MILCLAY STREET BOISE, ID 83704		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0056	<p>Continued From page 1</p> <p>Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, is permitted. Automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW</p> <p>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p>	K0056		

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NAME OF PROVIDER OR SUPPLIER INDEPENDENT LIVING SERVICES - MILCLAY			STREET ADDRESS, CITY, STATE, ZIP CODE 10528 MILCLAY STREET BOISE, ID 83704		
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K0056	<p>Continued From page 2</p> <p>Exception No. 1: Not Applicable</p> <p>Exception No. 2: Not Applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>IMPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical</p>	K0056			

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NAME OF PROVIDER OR SUPPLIER INDEPENDENT LIVING SERVICES - MILCLAY		STREET ADDRESS, CITY, STATE, ZIP CODE 10528 MILCLAY STREET BOISE, ID 83704		
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K0056	<p>Continued From page 3</p> <p>evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>This Standard is not met as evidenced by: Based on observation, it was determined that the facility had not ensured that all automatic fire sprinkler heads were maintained as required for one of three common areas sampled. The census was five (5) at the time of the observation.</p>	K0056		

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NAME OF PROVIDER OR SUPPLIER INDEPENDENT LIVING SERVICES - MILCLAY		STREET ADDRESS, CITY, STATE, ZIP CODE 10528 MILCLAY STREET BOISE, ID 83704		
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K0056	<p>Continued From page 4</p> <p>The findings include:</p> <p>Observation on March 23, 2010 at 10:45 a.m. disclosed that the sprinkler head in the laundry room area off the corridor was marked with a white painted strip from a previous application of paint on the ceiling. The strip, easily missed, had not been addressed by the sprinkler contractor where the head would be replaced upon discovery of the painted condition. The condition was observed by staff at the time of the observation.</p> <p>NFPA 13-D code reference:</p> <p>1-4* Maintenance.</p> <p>The owner is responsible for the condition of a sprinkler system and shall keep the system in normal operating condition.</p> <p>A-1-4</p> <p>The responsibility for properly maintaining a sprinkler system is that of the owner or manager, who should understand the sprinkler system operation. A minimum monthly maintenance program should include the following.</p> <p>(1) Visual inspection of all sprinklers to ensure against obstruction of spray.</p> <p>(2) Inspection of all valves to ensure that they are open.</p> <p>(3) Testing of all waterflow devices.</p> <p>(4) Testing of the alarm system, where installed.</p> <p>NOTE: Where it appears likely that the test will result in a fire department response, notification to the fire department should be made prior to the test.</p> <p>(5) Operation of pumps, where employed. (See NFPA 20, Standard for the Installation of Stationary Pumps for Fire Protection.)</p> <p>(6) Checking of the pressure of air used with dry</p>	K0056		

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K0056	Continued From page 5 systems. (7) Checking of water level in tanks. (8) Special attention to ensure that sprinklers are not painted either at the time of installation or during subsequent redecoration. When sprinkler piping or areas next to sprinklers are being painted, the sprinklers should be protected by covering them with a bag, which should be removed immediately after painting is finished.	K0056			

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G011	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE STRUCTURE B. WING _____	(X3) DATE SURVEY COMPLETED 03/23/2010
NAME OF PROVIDER OR SUPPLIER INDEPENDENT LIVING SERVICES - MILCLAY		STREET ADDRESS, CITY, STATE, ZIP CODE 10528 MILCLAY STREET BOISE, ID 83704		
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M 000	<p>16.03.11 Initial Comments</p> <p>The facility is a single story, type V (000) building built in October 1998. The facility is protected by an automatic fire sprinkler system in habitable spaces. There is a fire alarm/smoke detection system installed. Currently the building is licensed for 5 beds.</p> <p>The following deficiency was cited under applicable fire/life safety requirements set forth in the Life Safety Code, 2000 edition, Chapter 33, Existing Residential Board and Care Occupancy, Impractical Evacuation Capability and IDAPA 16.03.11 Rules Governing Intermediate Care Facilities for the Mentally Retarded (ICF-MR). The state deficiency was resultant of a federal tag citation.</p> <p>The annual fire/life safety survey was conducted by:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p>	M 000		
MM309	<p>16.03.11.110 Fire and Life Safety Standards</p> <p>Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/MR facilities. This Rule is not met as evidenced by:</p> <p>Refer to CMS federal form 2567 and K tag K056 regarding fire sprinkler head maintenance.</p>	MM309	<p><i>Refer to K056</i></p>	<p><i>cur</i></p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE